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AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:		Kei Roger Aoki										
Application No.		10/630,206										
Filed:		07/29/2003										
Title:		Pain Treatment by Peripheral Administration of a Neurotoxin										
Attorney Docket No.	17328CON4	Art Unit: 1656										
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. (Note: pursuant to 37 CFR 10.57(c), a practitioner cannot authorize other registered practitioners to conduct interviews without consent of the client after full disclosure.) Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Louis C. Cullman</td> <td>39645</td> </tr> <tr> <td>Joseph Taffy</td> <td>50973</td> </tr> <tr> <td>Michelle S. Glasky, Ph.D.</td> <td>54124</td> </tr> <tr> <td>Daniel S. Kim</td> <td>51877</td> </tr> </tbody> </table>			Name	Registration Number	Louis C. Cullman	39645	Joseph Taffy	50973	Michelle S. Glasky, Ph.D.	54124	Daniel S. Kim	51877
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Louis C. Cullman	39645											
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Michelle S. Glasky, Ph.D.	54124											
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<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>												
SIGNATURE of Practitioner of Record												
Signature		Date 10/9/07										
Name	Stephen Donovan	Registration No., if applicable 33433										
Telephone	714-246-4026											

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